



ARIZONA STATE RETIREMENT SYSTEM (ASRS)
VERIFICATION OF CONTRIBUTIONS NOT WITHHELD
(CNW) INSTRUCTIONS *EMPLOYER USE ONLY*

Phoenix (602) 240-2000
Tucson (520) 239-3100
Toll-Free (800) 621-3778
TTY (602) 240-5333
www.azasrs.gov

Dear Payroll or Human Resources Manager:

One of your current or past employees has indicated he or she qualified for membership with the ASRS for a period of time when ASRS contributions were not withheld. We need your cooperation to verify the employee's information. We ask that you read the following information carefully, complete the enclosed form and return it to us as soon as possible. For more information, please refer to the ASRS employer manual or Arizona Revised Statutes § 38-738.

STEP 1

The employer's Payroll or Human Resources Manager should review the employer's records to determine CNW eligibility. If a CNW is established, the employer's Payroll or Human Resources Manager should complete the form in its entirety using dark ink. An employer letter may also suffice.

STEP 2

Once the ASRS receives the employer verification, the member and the employer will be issued an invoice for payment due.

Restrictions

- The employment period must have occurred within the last 15 years.
- ASRS membership criteria must have been met with no ASRS contributions withheld.
- To qualify as CNW, the member must have worked:
 - 7/1/1971 – 6/30/1990: minimum of 20 hours/week for at least 5 continuous months in a fiscal year.
 - 7/1/1990 – 6/30/1992: minimum of 20 hours/week for at least 5 months in a fiscal year.
 - 7/1/1992 – 6/30/1999: minimum of 20 hours/week for at least 20 weeks in a fiscal year.
 - 7/1/1999 – Present: minimum of 20 hours/week for at least 20 weeks in a fiscal year for one ASRS employer. Prior to 7/1/1999, hours could be added together from multiple employers.
- The position must have been covered under Section 218 of the Social Security Act.
- It is the member's responsibility to prove a contribution error occurred.

Alternate Forms of CNW Evidence

In some cases, the employer will not have records for the time in question. Below are documents the employee can provide to the employer to support the claim:

Documents proving member was employed and covered under Section 218 agreement	Documents proving member met time and hour requirements	Documents verifying member's compensation
<ul style="list-style-type: none">• Pay Stubs• W-2s• Employer Verification• Personnel Action Form• Social Security Earnings Report	<ul style="list-style-type: none">• Pay Stubs• Contract with W-2s• Employer Verification• Payroll Records• Timesheets	<ul style="list-style-type: none">• Pay Stubs• W-2s• Employer Verification

Unable to Prove CNW

If the employer does not have records and the member is unable to provide sufficient documentation to prove the member's eligibility for a CNW adjustment, the member may be eligible to purchase the time as Other Public Service Non-participatory. The member should contact the ASRS to submit an Other Public Service Non-Participatory service purchase request.

Contact Us

If you have questions, please contact an ASRS Member Services Representative by e-mail at contactus@azasrs.gov or by phone at (602) 240-2000 in Phoenix, at (520) 239-3100 in Tucson, or at (800) 621-3778 outside metro Phoenix or Tucson.



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PLEASE PRINT
COMPLETE AND SEND
TO: ASRS - Member Services
PO Box 33910
Phoenix, AZ 85067-3910

Phoenix (602) 240-2000
Tucson (520) 239-3100
Toll-Free (800) 621-3778
TTY (602) 240-5333
Fax (602) 240-2090
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The following should be completed by the payroll or human resources manager. Please print.

Disclosure of member's Social Security number is mandated by Section 6109 of the Internal Revenue Code.*The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account to inform the Internal Revenue Service about distributions and withholdings with respect to the individual's account.

SECTION 1 – Member Information

Social Security Number	Member Name (Last)	(First)	(Middle Initial)
Position title and status (i.e. permanent, seasonal, etc.) at time of claim.		Other Names Used	
Do you have records available for this employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was position covered by Social Security 218 Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 2 – Statements of Understanding and Agreement

By my signature below, I certify that I understand and agree to the following:

- It is my responsibility to verify the accuracy of the information I am providing below.
- Any person who knowingly makes any false statement, or who falsifies or permits to be falsified any record of the retirement plan with an intent to defraud the plan, is guilty of a Class 6 felony pursuant to Arizona Revised Statutes § 38-793.
- By completing the chart below, the employer will receive an invoice for the contributions owed during the time listed as well as the accumulated interest on the CNW for both the member and employer contributions.

SECTION 3 – Employment Information

Fiscal Year Must use 19xx-xx format	Check each month worked.												List hours and salary for each year.* <small>*Please make sure salary is based on fiscal year, not calendar year.</small>	
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Fiscal Year Salary for Months Listed	Weekly Hours
	EX: 2005-06		X	X	X	X	X	X	X	X				
_____ - ____														
_____ - ____														
_____ - ____														
_____ - ____														
_____ - ____														
_____ - ____														

SECTION 4 – Employer Information and Signature of Authorized Payroll or HR Manager

Employer Name		Phone Number ()	
Name of Authorized Payroll or HR Manager (Please print.)		Title	
Signature of Authorized Payroll or HR Manager		Date	

